

Exhibit
EState of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Lakesha Smith 2. S. S. No. 255-31-3405

a. State any other name(s) under which employee worked.

3. Period of Last Employment: From 10-12-1998 To 07-12-2014

4. REASON FOR SEPARATION:

a. LACK OF WORK ☐

b. If for other than lack of work, state fully and clearly the circumstances of the separation:

Involuntary Separation5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

(type of payment) _____ in the amount of \$ _____ for period from _____ to _____

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
_____ per month _____ % of contributions paid by employer6. Did this employee earn at least \$3,500.00 in your employ? YES ☒ NO ☐ If NO, how much? \$ _____
Average Weekly Wage _____Employer's Name St. Joseph's/Candler Health SystemAddress 11705 Mercy BoulevardCity Savannah, (Street or RFD) State GA ZIP Code 31419Employer's Telephone No. 912 819-2442
(Area Code) (Number)

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

Ga. D. O. L. Account Number 100195-07
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4.)I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct.
This

report has been handed to or mailed to the worker

Sammy Curville
Signature of Official, Employee of the Employer
or authorized agent for the employerMgr, Employee Relations
Title of Person Signing7-18-14
Date Completed and Released to Employee

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

DOL-800 (R-8/02)